

Proposed Decision Memo for Cardiac Rehabilitation Programs (CAG-00089R2)

Decision Summary

Section 144(a) of the Medicare Improvements for Patients and Providers Act of 2008 (Pub. L. No. 110-275) amended Title XVIII of the Social Security Act, in pertinent part, to provide for coverage of cardiac rehabilitation (CR) and intensive cardiac rehabilitation (ICR) under Medicare Part B. The statute specifies certain conditions for these services, with coverage to begin on January 1, 2010. The Secretary published a notice of proposed rulemaking (74 Fed. Reg. 33, 520) on July 13, 2009. After considering public comments, the Secretary issued a final rule (Fed. Reg. http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf) on November 25, 2009. These rules will be effective on January 1, 2010.

In order to ensure consistency with the statute and regulations, the Centers for Medicare and Medicaid Services (CMS) proposes to repeal section 20.10 from the Medicare National Coverage Determination (NCD) Manual (Pub. 100-03) effective January 1, 2010.

We are requesting public comments on this proposed determination pursuant to section 1862(1) of the Social Security Act. After considering the public comments, we will make a final determination and issue a final decision memorandum.

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Proposed Decision Memo

TO: Administrative File: CAG-00089R2

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SUBJECT: Proposed Coverage Decision Memorandum for Cardiac Rehabilitation Programs

DATE: November 25, 2009

I. Proposed Decision

Section 144(a) of the Medicare Improvements for Patients and Providers Act of 2008 (Pub. L. No. 110-275) amended Title XVIII of the Social Security Act, in pertinent part, to provide for coverage of cardiac rehabilitation (CR) and intensive cardiac rehabilitation (ICR) under Medicare Part B. The statute specifies certain conditions for these services, with coverage to begin on January 1, 2010. The Secretary published a notice of proposed rulemaking (74 Fed. Reg. 33, 520) on July 13, 2009. After considering public comments, the Secretary issued a final rule (Fed. Reg. http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf) on November 25, 2009. These rules will be effective on January 1, 2010.

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II. Background

Cardiac rehabilitation (CR) developed in the 1950s from the concept of early mobilization after acute myocardial infarction (Pashkow, 1993). The standard of care prior to the widespread adoption of CR was bedrest and inactivity after acute myocardial infarction (Forman, et al., 2000). In the 1970s, cardiac rehabilitation developed into highly structured, physician supervised, electrocardiographically-monitored exercise programs. However, the programs consisted almost solely of exercise alone (Ades, et al., 2000). Foreman et al (2000) states that "over subsequent years, CR broadened beyond exercise into a composite of cardiac risk modification. Lipid, blood pressure and stress reductions, smoking cessation, diet change, and weight loss were coupled to goals of exercise training."

III. History of Medicare Coverage

Since 1982, Medicare has covered, under an NCD, CR for patients who experience stable angina, have had coronary artery bypass grafts, or have had an acute myocardial infarction within the past 12 months. Effective March 22, 2006, we modified the NCD to cover comprehensive CR programs for patients who experience one of the following.

- A documented diagnosis of acute myocardial infarction within the preceding 12 months.
- A coronary bypass surgery.
- Stable angina pectoris.
- A heart valve repair/replacement.
- A percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting.
- A heart or heart-lung transplant.

Comprehensive programs must include a medical evaluation, a program to modify cardiac risk factors, prescribed exercise, education, and counseling and may last for up to 36 sessions over 18 weeks or no more than 72 sessions over 36 weeks if determined appropriate by the local Medicare contractors. Facilities furnishing CR must have immediately available necessary cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment and be staffed with personnel necessary to conduct the program safely and effectively who are trained in advanced life support techniques and exercise therapy for coronary disease. The program must also be under the direct supervision of a physician.

IV. Timeline of Recent Activities

July 13, 2009	Notice of Proposed Rulemaking- CMS announced at 74 Fed. Reg. at 33, 606 that "[w]hen the rulemaking is completed, we will take the necessary steps to withdraw and/or modify the NCD."
October 30, 2009	CY 2010 Physician Fee Schedule Final Rule with Comment Period displayed online (http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf).
November 25, 2009	CMS internally generates a reconsideration with the release of the proposed decision memorandum. 30-day public comment period begins.

V. Regulation Providing for Cardiac Rehabilitation Coverage

As noted earlier, section 144(a) of MIPPA established coverage for CR and ICR programs. To implement the statute, CMS is adding a new section (42 C.F.R. §410.49), Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of coverage, to the Code of Federal Regulations. This section was put on display Friday October 30, 2009 (available at http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf). The Final Rule is expected to be published in the Federal Register on November 25, 2009, and the coverage requirements will be effective January 1, 2010.

VI. Assessment

Until the statute and regulations on CR and ICR become effective, the NCD for cardiac rehabilitation services, section 20.10 of the Medicare NCD Manual, remains in effect. We propose to repeal that NCD on January 1, 2010, when the statutory provisions and regulations become effective. At that time, the NCD will no longer be in effect and will be removed from the NCD manual.

VII. Conclusion

Section 144(a) of the Medicare Improvements for Patients and Providers Act of 2008 (Pub. L. No. 110-275) amended Title XVIII of the Social Security Act, in pertinent part, to provide for coverage of cardiac rehabilitation (CR) and intensive cardiac rehabilitation (ICR) under Medicare Part B. The statute specifies certain conditions for these services, with coverage to begin on January 1, 2010. The Secretary published a notice of proposed rulemaking (74 Fed. Reg. 33, 520) on July 13, 2009. After considering public comments, the Secretary issued a final rule (Fed. Reg. http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf) on November 25, 2009. These rules will be effective on January 1, 2010.

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